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By: Facsimile (703) 7

PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mall Stop ISSUE FEE Commissioner for Patents P.O. Box 1459 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEB (if required). Blocks 1 through 5 shot appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current or indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new currespondence address; and/or (b) indicating a separal maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for my change of address) Note: A certificate of mailing can only be used for Feo(s) Transmittal. This certificate cannot be used for papers. Each additional paper, such as an assignment have its own certificate of mailing or transmission. 20583 7590 07/06/2003 Certificate of Mailing or Transmit I hereby certify that this Fee(s) Transmittal is being d States Postal Service with sufficient postage for first a addressed to the Mail Stop ISSUE FEE address at transmitted to the USPTO (571) 273-2885, on the date JONES DAY 222 EAST 41ST ST NEW YORK, NY 10017 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 10/625.056 07/22/2003 Ling Yuk Cheung 6100-065-999 TITLE OF INVENTION: DIOLOGICAL FEBRUATE FOR COMPOSITIONS COMPUSED CONTRIBUTE NO. A METHOD FOR PREPARING A BIOLOGICAL FERTILIZER COMPOSITIONS COMPRISING POU APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE nonprovisional NO \$1400 \$300 \$1700 EXAMINES ARTINIT CLASS-SUBCLASS SRIVASTAVA, KAILASH C 1655 424-093510 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list JONES 1 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the docur recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ULTRA BIOTECH LIMITED DOUGLAS, ISLE OF MAN Please check the appropriate assignee category or estegories (will not be printed on the patent): 🔘 Individual 🖾 Corporation or other private group c 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): S Issue Fee A check in the amount of the fee(s) is enclosed. Deplication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credi Deposit Account Number \_\_\_\_\_\_\_\_\_(enclose an entra copy of Advance Order - # of Copies.

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application i NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from snyone other than the applicant; a registered attorney or agent; or the ass interest as shown by the records of the United States Patent and Trademark Office.

Il. len September 7, 200 Authorized Signature Laure Date er Teamer Laura A. Coruzzi 30,742 Typed or printed name Registration No.

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